

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street)

700 Newport Center Drive

☐Check if different  
than previously  
reported. (ACC)

Newport Beach

CA

92660

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00068528

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2009

through

04

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Haskell

Signature of Treasurer

Electronically Filed by Robert Haskell

Date

05

13

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
(b) Cash on Hand at Beginning of Reporting Period .....		
(c) Total Receipts (from Line 19) .....		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....		
7. Total Disbursements (from Line 31) .....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....		

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11016.98	31477.92
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	5441.16	35497.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	16458.14	66975.56
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	16458.14	66975.56
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16458.14	66975.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16458.14	66975.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	78500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48000.00	78500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48000.00	78500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16458.14	66975.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16458.14	66975.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP HR, FAC & CORP TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362232900

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN H BROWN

Mailing Address 505 13TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ITS STRATEGIC SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362252900

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP ANNUITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362302900

Amount of Each Receipt this Period

167.00

P/R Deduction (\$167.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

637.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362322900

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP PROD, RISK, FIN&INFO MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362382900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362402900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CLIENT SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362482900

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS M CORBETT

Mailing Address 15136 TOURAINE WAY

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362512900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362562900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R CURRY

Mailing Address 12162 WICKLOW LN

City

NAPLES

State

FL

Zip Code

34120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362572900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City

IRVINE

State

CA

Zip Code

92623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362592900

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City

QUINCY

State

WA

Zip Code

98848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP IND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362622900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP STRATEGIC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362712900

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362862900

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362902900

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP FINANCE & COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10362962900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G HASKELL

Mailing Address 1880 N EL CAMINO REAL

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363062900

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363072900

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

590.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City

SANTA MARIA

State

CA

Zip Code

93455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363102900

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INV ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363162900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRIS M JANOWIAK

Mailing Address 1260 CLEVELAND AVE APT C227

City

SAN DIEGO

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR CORP INTERNET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363232900

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

245.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363242900

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363272900

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City

PLACENTIA

State

CA

Zip Code

92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORP APPL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363282900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363322900

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363372900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP KEY ACCOUNT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363422900

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363452900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363472900

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363482900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP VARIABLE REG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363562900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City

IRVINE

State

CA

Zip Code

92612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ANNUITY APPS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363592900

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363612900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JULIA C MC KINNEY

Mailing Address 3615 PASEO DEL CAMPO

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363632900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363662900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363712900

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PROD & PORT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363752900

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363792900

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN C MULVIHILL

Mailing Address 27822 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10363802900

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

656.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364022900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP REAL ESTATE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364082900

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R RICE

Mailing Address 11 STILLWATER

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364142900

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J SCHINDLER

Mailing Address 28792 APPLETREE

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP LIFE CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364262900

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364312900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TALENT ACQ & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364502900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364582900

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & INSURANCE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364592900

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364602900

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

556.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364612900

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP REGULATORY PROD ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364622900

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE UWG & CONST SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364652900

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364702900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN WHITE

Mailing Address 32122 VIA CARLOS

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364742900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City

DREXEL HILL

State

PA

Zip Code

19026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation

SUPR OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10364832900

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City

LOS ALAMITOS

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP FINANCIAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365122900

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365142900

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365212900

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ANN TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365472900

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP HR PRGMS & SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365682900

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365732900

Amount of Each Receipt this Period

225.00

P/R Deduction (\$225.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

465.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City

ALAMO

State

CA

Zip Code

94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365782900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City

BOCA RATON

State

FL

Zip Code

33428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365852900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City

BRIDGEWATER

State

MA

Zip Code

02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365962900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JULIET A PINKERTON

Mailing Address 22 N PALMIERA CIR

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10365992900

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366042900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. TRAVIS R MC KAY

Mailing Address 15222 LINCOLNWAY CIR

City

PLAINFIELD

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366062900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 43

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP VAL & RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366102900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP AMF CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366152900

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP RE INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366192900

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 29 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366272900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CAPITAL MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366282900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP CORP DEVELOPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366312900

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

591.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. SIMON S FENG

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP BUS & TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366352900

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS GIBBONS

Mailing Address 3010 PARK NEWPORT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366362900

Amount of Each Receipt this Period

180.00

P/R Deduction (\$180.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES KARAFI

Mailing Address 182 STANHOPE RD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366402900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

430.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA L KOTOWICZ

Mailing Address 795 TREPHANNY LN

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP M MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366792900

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. DAWN M TRAUTMAN

Mailing Address 3201 COLONY PLZ

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INFO TCH & PRG MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366862900

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City

GLENWOOD

State

NJ

Zip Code

07418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366882900

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10366912900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City

BIRMINGHAM

State

AL

Zip Code

35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10367082900

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM Y CHU

Mailing Address 120 ALBERT PL APT 10

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PROD DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10367142900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City

HOMEWOOD

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR10614922900

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. JENNIFER R JEWETT

Mailing Address 31901 VIRGINIA WAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR12361942900

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. RAE A CAPPS

Mailing Address 25842 DANA BLF W

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR22130712900

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR22130752900

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City

VALENCIA

State

CA

Zip Code

91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: PR22130862900

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

11016.98

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Joe Baca

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name  
Joseph Baca

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: 7798353

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bachus for Congress

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name  
Congressman Spencer Bachus

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 06

Transaction ID: 7798354

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 251 East Ohio Street #850

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Contribution

Candidate Name  
Evan Bayh

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District:

Transaction ID: 7798355

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Becerra for Congress Mailing Address PO Box 116	<b>Transaction ID:</b> 7798356 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 9</div> </div>
City Hyattsville State MD Zip Code 20781 Purpose of Disbursement Contribution Candidate Name Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Barbara Boxer Mailing Address PO Box 64151 City Los Angeles State CA Zip Code 90064 Purpose of Disbursement Contribution Candidate Name Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	<b>Transaction ID:</b> 7798357 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Continuing A Majority PAC Mailing Address 2501 Wisconsin Avenue, NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 7804497 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Campbell for Congress

Mailing Address 4590 MacArthur Blvd., Suite 500

City  
Newport Beach

State  
CA

Zip Code  
92660

Purpose of Disbursement  
Contribution

Candidate Name  
John Campbell

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: 7804498

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

CROWLEY FOR CONGRESS

Mailing Address P.O. Box 75214

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

Candidate Name  
Joseph Crowley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 7804501

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Feinstein for Senate

Mailing Address 420 C Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name  
Dianne Feinstein

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: 7804502

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

AMERIPAC

Mailing Address 499 S. Capitol Street SW #108

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 7804503

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Pennsylvanians for Kanjorski

Mailing Address 126 S. Franklin Street

City Wilkes-Barre State PA Zip Code 18701

Purpose of Disbursement  
Contribution

Candidate Name  
Paul Kanjorski

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 11

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 7804504

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Pelosi for Congress

Mailing Address 430 South Capitol Street, SE  
1st Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name  
Nancy Pelosi

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 7804680

Date of Disbursement

04 / 07 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Station</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Charles Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7804689</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>3000.00</div> </div> </p> <p><b>Contribution</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Montanans For Tester</p> <p>Mailing Address PO Box 1135</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Jon Tester</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7804692</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>1000.00</div> </div> </p> <p><b>Contribution</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Neal for Congress</p> <p>Mailing Address 50 E Street, SE Suite 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Richard Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7812381</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 0 9</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>4000.00</div> </div> </p> <p><b>Contribution</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AMERIPAC

Mailing Address 499 S. Capitol Street SW #108

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 7834066

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends of Sam Johnson

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement  
Contribution

Candidate Name  
Samuel Johnson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 7834067

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Gary Miller for Congress

Mailing Address 721 S Brea Canyon Road Suite 7

City Diamond Bar State CA Zip Code 91789

Purpose of Disbursement  
Contribution

Candidate Name  
Gary Miller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 42

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 7834068

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jackie Speier For Congress

Mailing Address PO Box 112

City  
Burlingame

State  
CA

Zip Code  
94011

Purpose of Disbursement  
Contribution

Candidate Name  
Jackie Speier

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

**Transaction ID: 7835487**

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 424 C Street, NE, Lower Level

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 7835494**

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Continuing A Majority PAC

Mailing Address 2501 Wisconsin Avenue, NW #304

City  
Washington

State  
DC

Zip Code  
20007

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 7835508**

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) 21st Century PAC	<b>Transaction ID:</b> 7835513 <b>Date of Disbursement</b>																				
Mailing Address 1155 21st Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Nelson 2012	<b>Transaction ID:</b> 7835517 <b>Date of Disbursement</b>																				
Mailing Address 420 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Ben Nelson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Pomeroy for Congress	<b>Transaction ID:</b> 7835518 <b>Date of Disbursement</b>																				
Mailing Address PO Box 75214	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Earl Pomeroy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Rangel for Congress	<b>Transaction ID:</b> 7835519 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5577 Manhattanville Station	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City New York State NY Zip Code 10027	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Charles Rangel	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	<b>Transaction ID:</b> 7835520 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 75214	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Fortney Stark	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress	<b>Transaction ID:</b> 7835521 <b>Date of Disbursement</b>																				
Mailing Address 2021 E Dublin Granville Road Suite 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Patrick Tiberi	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

48000.00